	C	LAIMS AS				_	_	MALL EN		OR	OTHER T	
			(Column 1)	(Column	n Zi	•		FEE	i i	RATE	FEE
TOTAL CLAIMS			18				ŀ	RATE PEE	370.00			740.00
OR			MUMBER FILED		NUMBER EXTRA		ı	DASIC PEL	370.00	ОН		
OTAL CHARGEABLE CLAIMS			10 minus 20=		·			X\$ 9=		OR	X\$18=	
DEPENDENT CLAIMS			2/ minus 3 =				1	X42=		OR	X84=	
	TIPLE DEPEND		ESENT	SENT				+140=		OR	+280=	
If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	
ΠV		aims as a								•	OTHER	
		(Column 1)	MEIVEE	(Cot	mu 5)	Catumn 3)		SMALL	_	OR	SMALL	ADDI-
	8/3/16	CLAIMS REMAINING AFTER		PREV	MEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL
The state of the s	Total .	AMENDMENT	Minus	-/	0			X\$ 9=		OR	X\$18=	
		- 12	Minus		3	-		X42=		OR	X84=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTAL		OR	TOTAL	
	1	,						ADDIT, FEE		Jon	ADDIT. FEE	
<u></u>	1/03/0.	(Clauses			tumn 2)	(Column 3)	4		ADDI-	1		ADDI-
	/ · / ·	REMAINING			MBER	PRESENT	١	RATE	TIONAL		RATE	TIONA
叓		AFTER		PA	D FOR		1		FEE	1	X\$18=	1
10	Total	. 18	Minus	10	20	-	4	X\$ 9=		JOF		
Delle		70/	Minus		3	•	4	X42-	<u> </u>	OF	X84-	
MENDALE	Independent	•			S CY AULA							1
AMENDATE	Independent FIRST PRESE	NTATION OF A	ALTIPLE DE	PENDE	MT CLAIM		J	+140=	1	OF	+280=	<u> </u>
AMENDMENT	Independent FIRST PRESE	NTATION OF A	ALTIPLE DE	PENDE	NT CLAIM		j	YOTA	<u>.</u>	Of Of	1074	
AMENDAGE	FIRST PRESE								<u>.</u>	-1	YOYA	
AMENDME	FIRST PRESE	Godum 1)		- C	olumn 2) GREST	(Column 3	2	YOTA	<u>.</u>	-1	YOYA	
2	FIRST PRESE	COLUMN 1)	4		olumn 2) IGAEST IUMBEA			YOTA	ADDI- TIONA		YOYA	ADD
NG C	3-15-()	Acoumn 1)	\	(C)	olumn 2) GREST	(Column 3		TOTA ADDIT. FE	ADDI-		ADDIT. FE	ADD
NG C	3-15-()	COLUMN 1) CAMS REMAINING AFTER	\	(C)	olumn 2) IGHEST UMBER EVIOUSLY	(Column 3		TOTA ADDIT. FE	ADDI- TIONAL FEE		ACOIT. FE	ADD TION/ FEE
NG C	FIRST PRESE	COASTER 1) COASTER COASTER REMARKING AFTER AMERICAN	T Minus Minus	CCI H	CHEST LIMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE X\$18=	ADD TION/ FEE
2	FIRST PRESE	COLUMN 1) CLAIMS REMAINING AFTER AMENDALEN	T Minus Minus	CCI H	CHEST LIMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE X\$ 9-	ADDI- TIONA FEE		RATE X\$18= X84=	ADDI TION/ FEE

Application or Docket Number